

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595,653

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52		1				
3		2					53		1				
4		0					54		1				
5		0					55		1				
6		0					56		1				
7		0					57		1				
8		0					58		1				
9		0					59		1				
10		0					60		1				
11		0					61		1				
12		0					62		1				
13		0					63		1				
14		0					64		1				
15		0					65		1				
16		0					66		1				
17		0					67		1				
18		0					68		1				
19		0					69		1				
20		0					70		1				
21		0					71		1				
22		0					72		1				
23		0					73		1				
24		0					74		1				
25	1						75		1				
26		1					76		1				
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37	1						87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46							96						
47							97						
48	1						98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	3	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	49	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	52					